

ADOPTION: NOT AN EASY OPTION

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ADOPTION IS A VIABLE OPTION in our society today but one that holds lasting consequences for all those involved in the adoption triad: birth parents, adoptive parents, and the adoptee. One should not underestimate its effect on any of these parties. Like organ transplants, there are definite benefits for the recipient but a high cost to the donor. The act of adoption always exacts a cost from someone. Even in the best scenarios, where there is much preparation and support, there is a process of grieving that must be worked through for all those involved. This article will attempt to dispel some of the commonly held myths about adoption and look at the process through the perspective of each member of the adoption triad.

ADOPTION

Adoption is not a ‘one-time deal.’ The implications are life-long and often very painful. It is a process that affects the adopted child, adopted parents and birth parents throughout their entire lives.ⁱ Extended family members are affected as well; siblings lose or gain siblings and grandparents lose or gain grandchildren. One’s viewpoint clearly defines how happy or sad an occasion it is. While adoption is often a necessity, the extreme act of giving up a baby or sometimes an older child does not lessen the pain involved.

Adoption requires the birth mother (and sometimes the birth father, if he is involved) to relinquish all legal rights to be parents. I was thirty-five years old and in the search process for my first-born child when I realized the difference between ‘relinquishment’ and ‘adoption.’ Adoption is the process where the adoptive parents (or single parent, as in many cases today) legally take over all rights of parenting the child *after* the child has been relinquished by the birth parents. The child is the one adopted, and usually has little or no say about any of this—a reason that many adoptees voice later as the need for control over meeting or not meeting their biological parents.ⁱⁱ

Shlomith Cohen describes adoption as “... a situation where the process of

developing a relationship with parents (adoptive ones) is intertwined with loss and restitution.”ⁱⁱⁱ The adoptee must struggle with issues of rejection and abandonment, no matter how loving and caring the adoptive parents are. Adoptive parents must strike a balance between treating the adopted child as overly “vulnerable” while still being realistic about inevitable loss and rejection that may be felt at different stages in the child’s life.

That adoption is a perfect or easy solution is a myth. Silverstein and Demick write that “adoption is a process that requires complex emotional compromise.”^{iv} Professionals who deal with the adoption process should be sensitive to the complex issues of all members in the triad. Adoptive parents, for the most part, must accept a lost opportunity to conceive and a decision to raise another couple’s child. Birth parents must give up their own child and the opportunity to raise that child. The adoptee often fares the worst since he has no choice in the matter. He has lost the opportunity to be raised by his own parents and must be raised by others unrelated to him. Silverstein and Demick discuss “...three emotional arenas in which all triad members are repeatedly engaged: loss and grief; bonding and attachment; and denial and shame.” That all those working with the adoption recognize each of these is essential.

Adoption has been a harsh reality since the beginning of time. Even the Old Testament has the story in which Moses was left in the bulrushes by his mother in a desperate act to save his life. His life ended up quite differently because of this, and history can thank his adoption experience for the chain of events that followed. Even in more modern times many women may find themselves in desperation due to finances or social pressures where taking care of a child is just not possible, and sometimes even dangerous.

Myths about adoption abound. Although the social stigma of unwed motherhood has lessened considerably, it is a misconception that it no longer exists. Another misconception is the idea that a woman who gives up her baby for adoption can simply “put it behind her.” Well-intentioned professionals foster this myth by giving advice to the birth mother to “get on with your life” or (worse yet) not even to acknowledge that they are mothers at all. To adoptive parents, well-meaning friends and relatives say things like “he looks so much like you, he could be your own” just as they

are struggling with trying to feel like he *is*. Adoptees, even when “grown up” are still called “adoptive children,” as if their adoptive status cannot be outgrown.^v

One of the biggest myths of all, and perhaps the most harmful, is that adoption will be a perfect solution. There is no perfect family, and sometimes adoptive matches can be far less than perfect, particularly if reasons for the adoption are not in the best interest of the child or if expectations are unrealistic. Like any family, adoptive families have their share of divorces and family dysfunction. While there is often a chance for a better life for the adopted child, there are still no guarantees. Adoptive families carry their own set of problems and are not immune from the same sort of stressors which the birth mother has. The birth mother who gives up her child so that he will have two parents may find that in reality he has only one. No longer can it be assumed that the adoptive couple will be male and female, as many homosexual and single parents are opting to adopt. Similarly, a child who is placed for adoption because a single mother cannot bear to have him all day in day care while she works is often surprised to learn that he fares the same in his new adoptive home with parents of much greater means.

Slogans such as “adoption not abortion” do nothing to dispel another myth, namely, that there is nothing in between. There are certainly more options than that. “Have the baby or abort” would be a better, more accurate saying, for not every baby that is unplanned and not aborted would be better off being adopted.

DIFFERENCES IN THE 90'S

One of the biggest and most controversial changes in the field of adoption, and still a matter of controversy, has been the “open adoption.” In 1986 Curtis defined open adoption as “the personal contact or sharing of information between the adoptive parents and birth mother during the adoption with the possibility of communication after the adoption is finalized.”^{vi} There is as much variation in the amount of openness and communication in open adoption as in the types of adoption themselves. Not everyone agrees that open adoption is for the best, for there can be problems in a more open communication system between adoptive parents

and birth parents. Openness may vary from just having a “say” in picking out the adoptive parents to meeting them and continuing a life-long communication, usually limited, with the adoptee and adoptive parents.

Closed adoptions do still exist but are often thought to be the most painful of all for the birth mother, in that little or no say is given to the birth mother (or birth father, for that matter) in the selection of the adoptive parents who will raise the baby. In a closed adoption, there is usually no contact again with the baby or the adoptive parents once the adoption papers are signed. Birth mothers typically voice their lamentations over “not knowing whether or not their child is dead or alive, let alone how he is growing up.”^{vii} In a closed system, the baby is usually adopted with the birth parents having little or no say in the whole process. This point was brought home to me a few months after I had been reunited with my child.

The adoptive father had called one evening to offer my husband and me tickets to a performance that evening. When I declined because I had no babysitter for my other three children, he very kindly offered to come over and babysit. I immediately made up an excuse because “I didn’t know him that well.” I hung up the phone and painfully realized the irony of having let this man, as a perfect stranger to me, adopt my child and raise him the rest of his life. Over the years, we have become good friends and I am sorry that I never had the opportunity to have gotten to know him and his wife before they took my child to be their own—I may have had less pain and anguish over the years.

There are many different types of adoption today. Edward Schor comments that “today an adoptable child is one who is acceptable to the parents, who can give and receive love, and who can benefit from family life.”^{viii} This would certainly represent the ideal scenario and a variation from the past.

In the 1800's and early 1900's male children were adopted to help out in farms and female children to be companions for the woman in the home.^{ix} Then size and strength were important. Today most infertile couples want to adopt an infant and the younger the better. The infant supply has diminished in this country as the lives of more babies are terminated by abortion. As abortion has become more acceptable in this country, many women have become unwilling to bring a baby to term, especially if they

may not keep it. Adoption has become less acceptable as an option for unwanted pregnancies, and more women are now risking social stigma and financial burdens so as to raise their own babies, despite the odds. Adoption of older children and infants who have physical or mental handicaps have become more common, as the availability of healthy infants has decreased.

In the 1990's the creation of families by any and all reproductive means has added new meaning and complications to the adoption process. Babies born from gamete donation, *in vitro* fertilization, and donor insemination are some of the ways in which new technology has changed adoption.^x Legal battles over who holds adoption rights of frozen embryos have posed new ethical dilemmas. The use of surrogate mothers and artificial insemination by sperm donor have created other battles over adoption rights. Adoption *in utero* has become a new concept, as more and more embryo banks are set up posing new ethical dilemmas in adoptions today.

International or foreign adoptions have become popular as the waiting-list for healthy infants grows longer and longer.^{xi} These adoptions pose many problems of their own, for these children often enter the country with many special needs.^{xii} Perhaps one day there will be a trend where infertile couples begin to 'adopt' the pregnant teenager or help support the pregnant woman in financial trouble, in essence 'adopting' a grandchild as a novel approach to adoption. In my mind, this would be the ideal.

AGENCY VS. PRIVATE ADOPTION

The process of adoption continues to involve either private means or an agency. Both must follow adoption laws within their states. Private adoption usually cuts down some of the waiting period as well as the screening process for adoptive parents. This can be beneficial, but it can also cause problems, particularly if the screening process is sketchy and if little preparation is done in the way of counseling for either party.

Adoption through an agency, serving as an intermediary between parties, usually provides more counseling to both the adoptive parents and the birth parents. This is not always the case, however, and there can be problems with both systems. A reputable adoption should provide a better system of checks and balances for all involved, as well as counseling for both the

birth mother and the adoptive parents. Most agencies encourage relinquishment papers to be signed only after delivery, whereas many of the private adoptions encourage legal agreements before birth, often causing many problems later on when a woman changes her mind. I have been saddened by what I call the “vulture” mentality when well-meaning adoptive parents wait outside (and sometimes even inside) the delivery room for their new baby, before the birth mother has even had a chance to say goodbye! While infant bonding is important, it is often overemphasized within this context, sometimes with dire results. Again, professionals who work with adoptive parties should keep in mind the needs of each in order to provide a healthier outcome for everyone. All in all, one of the most hopeful trends in adoption is the gradual shift from adoption in order to provide a baby for a childless couple to “what’s in the best interest of the child.”^{xiii}

THE ADOPTION TRIAD: BIRTH PARENTS

Regardless of the type of adoption procedure, each of the members of the adoption triad is affected. “Birth parents have lost a child, and with it, a sense of personal moral worth and integrity.”^{xiv} Lauderdale and Boyle describe definite phases of grief which birth mothers go through. While many have de-emphasized the pregnancy experience and some the birth experience, almost all could remember vividly every detail of their babies.^{xv} A few who did not see their babies after birth suffered lasting grief over this. Those women who felt pressured by the agency or others to relinquish their babies experienced longer periods of grief and lasting bitterness over the experience.^{xvi} The women who had more of an open adoption process, with some say in the birth and placing of their infants, also experienced intense grief but for shorter periods of time and with more of a sense of peace later on.

The relinquishment—the actual signing away of parental rights—was considered as the “culmination” period by Lauderdale and Boyle. Most described this experience as “numbing” while some depict it as an “out-of-body experience,” followed by intense grief.^{xvii} For myself, I remember seeing my hand sign my name on the form to “give up my baby” as if I was outside myself. Even small decisions ever since have often been fraught

with anxiety for me. Birth mothers “do not put relinquishment lightly behind them—they suffer a lingering sense of loss and have continued needs for support and counsel.”^{xviii} Cushman states that this grieving and mourning are necessary in the relinquishment process, and if denied there will be serious consequences later on.^{xix} Unfortunately, support for birth mothers is not always available after the baby is given up. The adage “get on with your life now” is somehow not enough.

THE ADOPTION TRIAD: ADOPTIVE PARENTS

Adoptive parents have their own struggles. Happy to have a baby or child “of their own,” they are constantly reminded of the child’s lineage from another family, with roots different than their own. The adopted baby or child does not enter the adoptive family with a “clean slate,” but brings physical and personality ties to another family.^{xx} The adoptive parents come with a history of their own: “they have lost their sense of reproductive competence and the child of their fantasies,” a child that is seen as a linear extension of themselves.^{xxi} Acknowledging these differences, rather than denying them, is healthier in the long run.

Psychological problems and marital conflict is common with fertility problems in spouses, but the study by Abbey and colleagues shows that, particularly for the woman, an improved well-being is found after the adoption.^{xxii} This is not as apparent with the husband, perhaps because of the new stress of having a child and the demands made on the marriage. Similar stressors have been found after a new baby is brought home for both adoptive parents and birth parents. A study by Gjerdingen and Frobey also show some similarities between adoptive mothers and other new mothers in terms of fatigue (though not as much) and reluctance to go back to work.^{xxiii} Those who work with adoptive parents need to help these parents set realistic expectations for having a new baby at home just as they do for other new parents.

THE ADOPTION TRIAD: ADOPTEE

Adoptees must deal with the loss of their original family and the knowledge that for some reason, known or unknown, they did not want them. “The child has lost a set of parents, a sense of roots....”^{xxiv} Their

connection to their genetic and cultural family is lost. Much of the rationale behind older adoptees' search for their biological families is to re-establish these ties and to gain a sense of identity.

According to Cohen, the adoptee "must integrate two factors into his life: a bond with the original parents, along with its loss and rejection, and the adoption of new ("alien") parents."^{xxv} Although raised by one set of parents, the adoptee continues to feel the influence of both sets throughout his life. One set is known while the other stares back at him from the mirror each day. With usually only a meager set of facts given to him about his original parents, the adopted child will attempt to fill in the rest through his imagination. "Themes of abandonment and rejection abound, no matter how muted by fantasy.... They are inevitable."^{xxvi} Hajal and Rosenberg describe different development stages in the adopted child's life where the adoption issue seems to peak. Adoptive parents who are aware of these stages can help their child go through these more easily. Acceptance of the need for information, especially as the child approaches adolescence, is very important, particularly in terms of "identity formation."^{xxvii} Identity is the "essence or core of the person," as defined by Lord and Cox.^{xxviii} The adoptive parents who recognize the adolescents' need to find their roots as a basis of increasing their own identity will only enhance their relationship, not split it. Hajal and Rosenberg quote Lipton in their article by reminding us that "the bonds that tie are of the heart."

Different stages in each of their lives will hold new adjustments, ones that can be met successfully, once understood. It is important not to oversimplify the adoption process or to glorify it. It remains both a complex issue and one that is often a double-edged sword—carrying with it potential for both happiness and pain. Understanding the different perspectives of each member of the adoption triad and the unique problems of each will help us all to be more sensitive to adoption.

NOTES

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- i. E. Schor, "Adoption and Foster Care" in Green and Haggerty, *Ambulatory Pediatrics* (Philadelphia: N.B. Saunders, 1990).
 - ii. Adoptive Birth Parent Support Group (ABSN), Washington Chapter (1997).
 - iii. S. Cohen, "Trauma and the Development Process: Excerpts from an Analysis of an Adopted Child" in *Psychoanalytical Study of Children* 51 (1996) 287-302.
 - iv. Dr. R. Silverstein and J. Demick, "Toward an Organizational Relational Model of Open Adoption" in *Family Process* 133/2 (1994) 111-24.
 - v. See E. Schor, cited in n.1 above.
 - vi. J.L. Lauderdale and J.S. Boyle, "Infant Relinquishment Through Adoption" in *Image: Journal of Nursing Scholarship* 26/3 (1994) 213-17.
 - vii. *Ibid.*
 - viii. E. Schor, cited in n.1 above.
 - ix. P.T. Castiglia, "Adoptive Families" in *Journal of Pediatric Health Care* 8/4 (1994) 181-83.
 - x. I. Craft, E. Fincham, and T. Al-Schwaf, "Adoption *in utero*" (editorial) in *British Medical Journal* 304/6830 (1992) 839.
 - xi. See P.T. Castiglia, cited in n.9 above.
 - xii. See I. Craft *et al.*, cited in n.10 above.
 - xiii. Committee on Early Childhood, Adoption, and Dependent Care, "Initial Medical Evaluation of an Adopted Child" in *Pediatrics* 88/3 (1991) 642-44.
 - xiv. See E. Schor, cited in n.1 above.
 - xv. See J.L. Lauderdale, cited in n.6 above.
 - xvi. M. Resnick, R. Blum, J. Bose, M. Smith, and R. Toogood, "Characteristics of Unmarried Adolescent Mothers: Determinants of Child-Rearing versus Adoption" in *American Journal of Orthopsychiatry* 60/4 (1990) 577-84.
 - xvii. J.L. Lauderdale, cited in n.6 above.
 - xviii. E. Schor, cited in n.1 above.

xix. L. Cushman, D. Kalmuss, and P. Namerow, "Placing an Infant for Adoption: the Experiences of Young Birth Mothers" in *Social Work* 38/3 (1993) 264-72.

xx. E. Schor, cited in n.1 above.

xxi. *Ibid.*

xxii. A. Abbey, F. Andrew, and J. Halman, "Infertility and Parenthood: Does Becoming a Parent Increase Well Being?" in *Journal of Consulting and Clinical Psychology* 62/2 (1994) 398-403.

xxiii. D. Gjerdingen and D. Froberg, "The Fourth Stage of Labor: the Health of Birth Mothers and Adoptive Mothers at Six Weeks *Post Partum*" in *Family Medicine* 23/1 (1991) 29-35.

xxiv. E. Schor, cited in n.1 above.

xxv. Cohen, cited in n.3 above.

xxvi. E.B. Rosenberg and T.M. Homer, "Birth Parent Romances and Identity Formation in Adopted Children" in *American Journal of Orthopsychiatry* 61/1 (1991) 70-71.

xxvii. F. Hajal and E.B. Rosenberg, "The Family Life Cycle in Adoptive Families" in *American Journal of Orthopsychiatry* 61/1 (1991) 78-85.

xxviii. R. Lord and C. Cox, "Adoption and Identity: A Case Study" in *Psychoanalytic Study of Children* 46 (1991) 355-67.